

SENIOR AND LONG TERM CARE DIVISION  
DIRECT- CARE WORKER SURVEY  
**FOR NURSING FACILITY/SWING BED PROVIDERS**

The following health care survey is intended to gather information to be used by the Department in meeting SB 206 requirements to study the feasibility of providing funding for employee health insurance.

Please take a few minutes to complete this survey.

Facility Name: \_\_\_\_\_

Facility Provider NPI / Provider # \_\_\_\_\_

**What % of your funding is from Medicaid?** \_\_\_\_\_

**General Questions**

A. 1. How many workers in total do you employ \_\_\_\_\_

2. How many of your facilities employees provide direct care?

CNA	_____	Social Services	_____
LPN	_____	Housekeeping	_____
RN	_____	Laundry	_____
Activities	_____	Dietary	_____

B. How many of your employees who provide direct resident care work an average of:

1. \_\_\_\_\_ 40 or more hours per week
2. \_\_\_\_\_ 30 – 39 hours per week
3. \_\_\_\_\_ 20 - 29 hours per week
4. \_\_\_\_\_ 10 – 19 hours per week
5. \_\_\_\_\_ Less than 10 hours per week

C. What is the current average hourly wage (without benefits) of your direct care employees?

CNA	\$ _____
LPN	\$ _____
RN	\$ _____
Activities	\$ _____
Social Services	\$ _____
Housekeeping	\$ _____
Laundry	\$ _____
Dietary	\$ _____

D. Does your facility offer employer-sponsored health insurance to your employees who directly provide Medicaid funded direct care services?

1. Yes \_\_\_\_\_

2. No \_\_\_\_\_

E. If yes to D, how many of your facility's employees, that directly provide direct care services, are covered under your employer sponsored insurance?

\_\_\_\_\_

F. If yes to D, how many hours per week or month is an employee required to work in order to be eligible for the health insurance coverage offered by your facility?

1. \_\_\_\_\_ 40 or more hours per week

2. \_\_\_\_\_ 30 – 39 hours per week

3. \_\_\_\_\_ 20-29 hours per week

4. \_\_\_\_\_ Less than 20 hours per week

5. \_\_\_\_\_ No limit

G. If your facility offers health insurance coverage; fill in the following table with the number of employees who select each type of coverage and the employer cost and employee cost for that coverage per employee.

Type of Coverage	Number of Employees	Employer Contribution	Employee Contribution
Employee Only			
Employee & Spouse			
Employee & Children			
Family Coverage: employee, spouse & children			

### **Closing Questions**

H. Some providers have expressed an interest in developing an insurance “Purchasing Pool” made up of agencies that provide direct health care, in order to lower the cost of monthly premiums. Would you be interested in participating in such a pool? A yes answer only indicates an interest in – not a commitment to a “purchasing pool”.

1. Yes \_\_\_\_\_

2. No \_\_\_\_\_

- I. Given your current understanding of the Department's study to look at funding for health insurance for workers who deliver Medicaid direct care services, which of the following best describes your facility's opinion of the proposal:  
(check one)

1. Strongly Oppose \_\_\_\_\_
2. Oppose \_\_\_\_\_
3. Neither Oppose nor Support \_\_\_\_\_
4. Support \_\_\_\_\_
5. Strongly Support \_\_\_\_\_

- J. Are there any other thoughts, issues and concerns that you think the Department should consider as it develops the proposal?

Name of person completing survey: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

THANK YOU FOR YOUR TIME IN COMPLETING THIS SURVEY

Remember to return this survey by June 23, 2008!

Please fax your survey responses to 444-7743 or by email to [rnorine@mt.gov](mailto:rnorine@mt.gov)

Questions should be directed to Rick Norine at 444-4209.